	. PLEASE REAL	ALL INS	TRUCTION	IS BEFORE (	COMPLET	ING THIS FORM	۸.	
APPLICATION FLORIDA			DEPARTMENT OF STATE					
٠ - ت	FOR		Jim Smith		FILED			
REINSTATEMENT Secretary of State								
DIVISION OF COMPORATIONS					02	2 MOV -6 AM 9: L	<i>i</i> 1	
DOCUMENT # <b>P96000023567</b>								
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
J & R SALES, INC.					1/*	NEADANNEE, HEORIE	)A	
Principal Place of Business Mailin			ailing Address					
	ALL ROAD	P.O. BOX 274150						
TAMPA F	L 33624	TAMPA FL 33688			(  <b>  </b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
2. New Pr	rincipal Office Address, If Applicable	New Mailing Office Address, If Applicable		4. Date Incorp	orated or Qualified ness in Florida (			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1	`	03/15/1996		
City & Stat	re	City & State		5. FEI Numbe	59-3374057	Applied For		
		City & State		6.		Not Applicable		
Zip	Country	Zip	Cou	ntry	-	OF STATUS DESIRED 🔲 S8	3.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	/or Director (Fk	orida nonprofit corp	prations must list at lea	st 3 directors)	1.01		
Title(s) Name of Officers and/or Directors		Street Address of Each		1	City / S	itate / Zip		
	3					4		
GODDEL, H. JAT			4104 STALL ROAD			TAMPA FL 33624		
D GOBBEL, ROSE A		4104 STALL ROAD		TAMPA FL 33624				
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					80	00088359	378	
					117067	00088359 0201121018	**150.00	
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<del>,,,</del>		···		-		<u> </u>		
	8. Name and Address of Current	Registered Age	int .	1	9. Name and A	ddress of New Registered	Agent	
Name						1103.0107.02	-year	
TAMPA EL 33624					D. Box Number is Not Acceptable)			
								Suite, Apt. #,
				City	<del></del>	State	Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig					ligations of Co	FL.		
		A A	auon, am lamiliar (	with and accept the obl	igations of Sectio	n 607.0505, F.S. or 617,0505	5, F.S.	
		ay H	wel	, , , , , , , , , , , , , , , , , , ,		,	,	
Signature of Registered Agent SIGNATURE REQUIRED Date /0/23/02								
·	RE	GISTERED AG	ENT MUST SIGN			Date	1	
11 Logitify t	hat I am an officer or director or the receiv							

ctor or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## J & R Sales, Inc.



To; Florida Department of State, Division of Corporations

From: J & R Sales, Inc. / H. Jay Gobbel / President

We recently received a "Notice of Administration Dissolution or Revocation" from your Department.

The Corporate Annual Report/uniform business report form was not received, as far as we know, in the J & R Sales office. It usually arrives early each year and we either missed it or did not receive it.

I called your office at 850-245-6059 this morning and was told do the following:

- 1-Complete the form sent to me last week
- 2-Include a letter stating why the Annual Report was not sent in earlier
- 3- Include a check for \$150.00 payable to the Department of State

Thank you for reinstateing J & R Sales, Inc. and I am sorry for any inconvenience I may have caused.

H. Jay Gobbel President

H. Jay Gobbel President

P. O. Box 274150, Tampa, Florida. 33688 Phone: (813) 960-0409 Fax: (813) 265-9279